



Certificate of Express Mailing

"Express Mail" Mailing Label Number: **EL573444193US**

Date of Deposit: **09/13/2000**

Ref. Case Docket No.: **P1560**

First Named Inventor: **Dan Kikinis**

Serial Number: **09/073,019**

Filing Date: **05/04/1998**

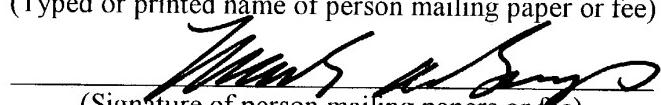
Title of Case: **Tailoring Data and Transmission Protocol for Efficient Interactive Data Transactions over Wide-Area-Networks**

I hereby certify that the attached papers are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and addressed to the Commissioner of Patents and Trademarks, Washington D.C. 20231

1. Amendment C.
2. Amendment transmittal.
3. Duplicate Amendment transmittal.
4. Petition For Extension Of Time To Respond Under 37 Cfr § 1.136
5. Check for fees in the amount of 55.00.
6. Certificate of express mailing.
7. Postcard listing contents.

Mark A. Boys

(Typed or printed name of person mailing paper or fee)


(Signature of person mailing papers or fee)

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SEP 27 2000
TIC 2700 MAIL ROOM

"Express Mail" Mailing Label Number: EL 5341493 US

In reference to application of Dan Kikinis

Serial No. 09/073,019

CASE DOCKET NO. P1560



B \$
27X1
9-5-00
041

For Tailoring Data and Transmission Protocol for Efficient Interactive Data Transactions over Wide-Area-Networks

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- No additional fee is required.
 Small entity status of this previously submitted application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
 A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
 The fee has been calculated as shown below.

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TC 2700 MAIL ROOM
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**** CLAIMS AS AMENDED****							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Claims Remaining After Amendment		Highest No. Paid For Previously	Present Extra	Rate Small Entity	Rate Large Entity	Additional Fee
Total Claims	37	Minus	**37	0	\$09.00	\$18.00	\$ 0.00
Indep Claims	11	Minus	***11	0	\$39.00	\$78.00	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$135	\$270	\$ 0.00
Extension Fee	<input checked="" type="checkbox"/> 1st Month	<input type="checkbox"/> 2nd Month	<input type="checkbox"/> 3rd Month		\$ 55.00		
Total additional for claims and time extensions							\$ 55.00

** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Multiple dependencies, if any, included in the above calculation.

* If the entry in column 2 is less than the entry in column 4, write "O" in column 5.

A check in the amount of 55.00 is attached. This amount includes fees for the extension of time.

Charge \$ _____ to deposit account _____ (A duplicate of this sheet is enclosed)

Please charge any additional fees or credit overpayment to Deposit Account 50-0534 A duplicate of this sheet is enclosed.

Respectfully Submitted,

Donald R. Boys

Reg. No. 35,074

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